

JUL 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20828
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 791
 (b) Township 1008 Primary Registration District No. 5672
 (c) City ST. LOUIS (d) Street No. EN ROUTE TO HOMER PHILLIPS HOSPITAL ST.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

620 TENNIE CHURCH (ALSO KNOWN AS TENNIE CHURCH)
 (a) Residence, No. 1426 CLARK St. 22 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>COLORED</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HENRY CHURCH</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-20-1889</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>8</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN</u>		
13. NAME <u>NEWTON WOOD</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN</u>		
15. MAIDEN NAME <u>MOLLY BLAKEMORE</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN</u>		
17. INFORMANT (ADDRESS) <u>HENRY CHURCH 1426 CLARK</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FATHER DICKSON</u> DATE <u>6-30-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>LOVE UND. CO. 3103 WASHINGTON BLVD</u>		
20. FILED <u>JUN 28 1939</u>		

MEDICAL CERTIFICATE OF DEATH

No physician attending.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25th 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:00 P. M.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion (Thrombosis).

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis..... Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
see above

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 4
 If so, specify Joseph M. Quinn (Signed) M. D.
Deputy Coroner (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER .

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

William C. McDowell

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.

2114

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.